

Apr-22



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ACCREDITED MEMBERS of

National Association of Child Contact Centres

SHROPSHIRE CHILD CONTACT CENTRES

are

SUPPORTED CHILD CONTACT CENTRES and cannot facilitate Supervised visits

Please photocopy and use as required

CHILD CONTACT CENTRE

Contact cannot commence until this form has been completed in full and received and visits confirmed by the Contact Centres Manager.

All information will be treated in the strictest confidence.

Please read the 'Guidelines for Referrers' before completing this form.

Do not send families to the Centre until appointment confirmed.

REFERRAL FORM
YEARLY FEE £50
REF:
INVOICE
Referral received
Date of first contact
Contact ended
PRE-VISIT
Parent & Children
Non-Res-Parent

1. Referrer :	Name:	Position: Solicitor
Address: As below		
Telephone no: email:		
2. Adult with whom child(ren) reside:	Name:	Relationship to child(ren):
Address:		
Tel no: e.mail		
Solicitor's name and practice:		
Address:		
Telephone no: email		
3. Person requesting contact:	Name:	Relationship to child
Address:		
Tel no: email		
Solicitor's name and practice: or Other Agency		
Address:		
Telephone no: email:		
4. Name(s) of child(ren):	Date of Birth	Boy=B Girl=G
5. Has there been/ is there a CAFCASS Officer?	YES	
Name:		
Address:		
Telephone no: email		
6. When and where did contact last take place?		

7. Is there a court order relating to contact? If 'yes', please send a copy	Yes	No

8. If there is no contact order, have the parents agreed that the child can be taken out of centre?	Yes	No
9. Is there a residence order? If so with whom? Father Who has parental responsibility? Both		
10. Are the parents willing to meet?	Yes	No
11. Will the person with whom the child(ren) reside be bringing them to and collecting them from the centre?	Yes	No
If 'No' who will be bringing/collecting the child(ren)? Emergency Tel:		
12. Is it agreed that the resident parent does not attend in the contact visits room? Is it agreed that only the contact parent attends with Child/Children in the Visits room? After two visits the resident parent will be expected to leave the Contact Centre.		
13. What is the proposed date of first contact at the centre?		
14. How frequently will contact take place thereafter :-		Monthly
15. For how long will each visit last? 1 Hour <input checked="" type="checkbox"/> <input type="checkbox"/>	<u>Time of visit:</u> pm	Subject to availability
16. Other people allowed to participate in contact at the Centre: Name Relationship to Child		
17. Are there or have there been sexual/child abuse allegations or convictions made in this family? If 'Yes', please contact the Centre co-ordinator		
18. Please give details of any undertakings, injunctions or convictions relating to violence involving either party, respective families or the children:- a		
19. What language is spoken at home? Is an interpreter required? Family to be liable for payment This must be arranged by the Solicitor/family _____		
20. Has this family ever used another Child Contact Centre?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If 'Yes', please give details:		
21. Additional Background information, to include problems with drugs, alcohol, medical conditions and/or disability. <u>Are there any foods/drinks the child/ren not allowed? Of which the non-resident parent should be aware?</u> Suggestion of domestic abuse from the mother		
Wherever possible we would like parents and children to visit a Child Contact Centre prior to contact starting. DATE FOR PRE-VISIT		
shropshireccc@hotmail.com All Policies may be seen upon request. Please Note that no Outside Agencies are allowed into the Child Contact Centres.		